

EIPRP
January 3, 2008

Chair: Thomas Simpatico
Attendees: Michael Sabourin, Kate Plummer, Anne Jerman, Tommie Murray, Fran Levine, Brenda Wetmore, Jay Batra, Albeana Radoslavova

Agenda: Review Restraint, Seclusion, and Involuntary Medication Reports
Presentation by Dr. Batra on High Utilizers
News regarding SAMSHA grant

Tommie Murray mentioned that the first five graphs or so are just finite numbers of events. These do not reflect the changing number of patients on a unit, etc. Tommie proposed that graphs which do not reflect the relationship with patient hours, unit census, etc., no longer be reviewed at the EIPRP meeting, as they do not contain measurably useful information. Dr. Simpatico also suggested that the top two outlier view come back as well, as this shows whether there is a new pattern emerging, or whether there is a just one patient with more complications drastically changing the numbers for a month.

Anne Jerman suggested that the graphs could also be broken down by unit and by shift. Tommie agreed, and said that the more detailed reports would be very helpful in seeing where we can change practice and improve to reduce episodes.

Tommie Murray will see if it is possible to have these reports bundled together and produced for future EIPRP meetings, with the hope of having them reviewed at the next EIPRP meeting.

The EIPRP committee discussed the use of medication that was administered voluntarily versus involuntary non-emergency medication, and involuntary emergency medication, and how some patients take non-emergency medications involuntarily as a result of court orders. It was also discussed that it would be interesting to see how the numbers of what percentage of people who received medication in the ways described above showed regarding treatment adherence after discharge

Questions were asked regarding the SAMHSA grant. Tommie Murray explained that while VSH has received a grant (shared with Brattleboro Retreat), the process hasn't been started yet. Dr. Simpatico suggested that the focus of the use of the grant would be on sensory modulation techniques and space set aside to use this treatment. This would allow staff to help patients intercept an escalation trend.

Dr. Batra presented to case studies of patients on his unit who are currently high utilizers of involuntary procedures.